



TEAM APPLICATION SUMMER SEASON 2016
 This is a 10 week season * 4-6 teams per division
 Visit us on the web at www.pacificdarts.com



PLAYER'S FEE: \$20.00 per season unless dues were paid for year (payable to PDA), due 1st night of play.
 SPONSOR'S FEE: \$30 Wednesday, \$22.50 Thursday, and \$15 Tuesday
 GENERAL MEETING: (SUMMER 2016) and TROPHY PRESENTATION (WINTER 2015) will be
Thursday, May 26, 2016, 7:30 PM, location Lemon Twist Lounge. All teams must send a team member to the meeting. League starts May 31, 2016. At least 1 registered player for Tuesday leagues and 3 registered players for Wed & 2 registered players for Thur must comprise the required legal team for the first night of play. Leagues start PROMPTLY at 8 PM. Tuesday is 2 players, Wednesday is 4 players and Thursday teams are 3 players. You may also email your info in to signup@pacificdarts.com

DEADLINE: May 22, 2016 MAIL TO: 6940 Bacarro St. , Long Beach, CA 90815

Cut at the line below. Retain the top information and send the bottom to the address above

TUESDAY: 2 Person Teams: 301-501-Cricket __
WEDNESDAY: 4 Person Teams: 301-501, Cricket __
THURSDAY: 3 Person Teams: Cricket __
 DIVISION: A: __ B: __ C: __
 PHONE: _____

TEAM NAME: _____
 SPONSOR: _____
 ADDRESS: _____
 CITY & ZIP: _____
 Email: _____

1. CAPT. NAME: _____
 ADDRESS: _____
 CITY AND ZIP: _____
 PHONE: _____ PDA # _____

Last Division, season, year played: _____
 Other League & Division: _____
 Beginner (never played before): _____
 Play for fun (not on a league): _____

2. NAME: _____
 ADDRESS: _____
 CITY AND ZIP: _____
 PHONE: _____ PDA # _____

Last Division, season, year played: _____
 Other League & Division: _____
 Beginner (never played before): _____
 Play for fun (not on a league): _____

3. NAME: _____
 ADDRESS: _____
 CITY AND ZIP: _____
 PHONE: _____ PDA # _____

Last Division, season, year played: _____
 Other League & Division: _____
 Beginner (never played before): _____
 Play for fun (not on a league): _____

4. NAME: _____
 ADDRESS: _____
 CITY AND ZIP: _____
 PHONE: _____ PDA # _____

Last Division, season, year played: _____
 Other League & Division: _____
 Beginner (never played before): _____
 Play for fun (not on a league): _____

5. NAME: _____
 ADDRESS: _____
 CITY AND ZIP: _____
 PHONE: _____ PDA # _____

Last Division, season, year played: _____
 Other League & Division: _____
 Beginner (never played before): _____
 Play for fun (not on a league): _____



Trophy List Form



If you are in mathematical contention for first or second place in your division, please fill out (below) the names of those who are on your team, and send in with your weekly results by the **2nd to last week of the season (or sooner)**.

Please Print Clearly: The PDA will not be responsible for any incorrect spelling errors.

TEAM AWARD

	First Name	Last Name	Plaque	Trophy	Gift Certificate	Do you have Special Achievement Plaque?
Captain	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Total	_____	_____	_____

Tuesday nights are entitled to two (2), Thursday nights are entitled to four (4), Wednesday night to five (5) trophy's or plaques. If you wish to order extra trophy's or plaques they must be paid for at the end of the season. Contact a board member for prices. Gift certificates will be in the amount of the cost of your trophy and be redeemed at the Dart Shop.

Sponsor's Name (Bar) _____

Night of Play Tuesday: _____ Wednesday: _____ Thursday: _____

Team Name _____

Division & Season _____

Comments, suggestions, or requests:
